

Procedure Codes for Group Practice/066

Group Practice											
Agency	Local Code	Local Code Description	Max Alwd Amt	Max Units	National Code	MOD 1	MOD 2	MOD 3	National Code Description	Max Alwd Amt	Max Units
DCYF	X0097	FAMILY THERAPY W/CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS	\$90.00	13	90847	HP			FAMILY PSYCHOTHERAPY (WITH THE PATIENT PRESENT)	\$90.00	2
DCYF	X0098	FAMILY THERAPY W/ CHILD BY MASTER'S LEVEL LICENSED CLINICIAN INCLUDING REPORTS 45-60 MINUTES	\$75.00	13	H0004	HO	HR		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$18.75	8
DCYF	X0099	CHILD MENTAL HEALTH COUNSELOR/MARRIAGE AND FAMILY THERAPIST-INDIVIDUAL - MINIMUM 15-20 MINUTE VISIT	\$22.00	3					To Be Eliminated		
DCYF	X0100	FAMILY THERAPY W/O CHILD BY MASTER'S LEVEL LICENSED CLINICIANS 45-60 MINUTES	\$75.00	6	H0004	HO	HS		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$18.75	8
DCYF	X0101	CHILD PSYCHIATRIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT- 60-90 MINUTES	\$150.00	1	90801				PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	\$150.00	1
DCYF	X0102	CHILD PSYCHIATRIST INDIVIDUAL THERAPY INCLUDING REPORT 45-60 MINUTES	\$95.00	6	90806				PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH THE PATIAENT	\$95.00	2
DCYF	X0103	CHILD PSYCHIATRIST INDIVIDUAL THERAPY WITH MED. MGT20-30 MINUTES	\$60.00	6	H2010				COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$30.00	2
DCYF	X0104	FAMILY THERAPY W/O CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS 45-60 MINUTES	\$90.00	6	90846	HP			FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$90.00	2
DCYF	X0105	CHILD PSYCHOLOGIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT 60-90 MINUTES	\$125.00	1	90801	HP			PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	\$125.00	1
DCYF	X0106	CHILD PSYCHOLOGIST INDIVIDUAL THERAPY WITH REPORT 40-50 MINUTES	\$80.00	13	90806	HP			PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH THE PATIAENT	\$80.00	2
DCYF	X0107	CHILD PSYCHOLOGIST INDIVIDUAL THERAPY WITH REPORT20-30 MINUTES	\$60.00	6					To Be Eliminated		

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DCYF	X0108	CHILD PSYCHOLOGIST GROUP THERAPY WITH REPORT60-90 MINUTES	\$35.00	13	H0004	HQ	HP		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$5.83	8
DCYF	X0109	CHILD MENTAL HEALTH SW,NP, MFT, LICENSED MENTAL HEALTH COUNSELOR, INDIVIDUAL DIAG. INTERVIEW W/ REPORT 60-90	\$100.00	1	H0031	HO or TD or AJ			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$100.00	2
DCYF	X0110	CHILD MENTAL HEALTH SW/NP,MFT,LICENSED MENTAL HEALTH COUNSELOR INDIVIDUAL THERAPY W/REPORTS 45-60 MINS	\$65.00	13	H0004	HO or TD or AJ			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$16.25	8
DCYF	X0111	NURSE PRACTITIONER INDIVIDUAL THERAPY W/MED. MGT. 20-30 MINUTES	\$35.00	6	H2010	TD			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$17.50	2
DCYF	X0112	CHILD MENTAL HEALTH SW,NP,MFT, LICENSED MENTAL HEALTH COUNSELOR GROUP THERAPY W/REPORTS 60-90 MINUTES	\$30.00	13	H0004	HQ	HO or TD or AJ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$5.00	8
MHRH	X0113	ADULT MENTAL HEALTH BY A PHYSICIAN - ASSESSMENT: MINIMUM 90 MINUTES	\$294.35	1	90801	U1			PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	\$294.35	1
MHRH	X0114	ADULT MENTAL HEALTH BY A PHYSICIAN - INDIVIDUAL: MINIMUM 40-50 MINUTES	\$147.15	1	H0004				BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$49.04	3
MHRH	X0115	ADULT MENTAL HEALTH BY A PHYSICIAN - INDIVIDUAL: MINIMUM 15-20 MINUTES	\$58.25	1	H0004				BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$49.04	3
MHRH	X0116	ADULT MENTAL HEALTH BY A PHYSICIAN - GROUP: MINIMUM 40-50 MINUTES, PER CLIENT, PER VISIT	\$59.30	1	H0004	HQ			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$19.76	3
MHRH	X0117	ADULT MENTAL HEALTH BY AN RN, ASSESSMENT: MINIMUM 90 MINUTES	\$124.70	1	H0031	TD			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN 90 MINUTES	\$124.70	1
MHRH	X0118	ADULT MENTAL HEALTH BY AN RN, INDIVIDUAL: MINIMUM 40 - 50 MINUTES	\$62.35	3	H0004	TD			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$20.78	3
MHRH	X0119	ADULT MENTAL HEALTH BY AN RN, INDIVIDUAL: MINIMUM 15 - 20 MINUTES	\$25.55	3	H0004	TD			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$20.78	3

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MHRH	X0120	ADULT MENTAL HEALTH BY AN RN, GROUP: MINIMUM 40 - 50 MINUTES, PER CLIENT, PER VISIT	\$25.55	3	H0004	TD	HQ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$8.51	3
MHRH	X0121	ADULT MENTAL HEALTH BY A PSYCHOLOGIST, ASSESSMENT: MINIMUM 90 MINUTES	\$177.85	1	H0031	HP			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN 90 MINUTES	\$177.85	1
MHRH	X0122	ADULT MENTAL HEALTH BY A PSYCHOLOGIST, INDIVIDUAL: MINIMUM 40 - 50 MINUTES	\$92.00	3	H0004	HP			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$30.66	3
MHRH	X0123	ADULT MENTAL HEALTH BY A PSYCHOLOGIST, INDIVIDUAL: MINIMUM 25 - 30 MINUTES	\$57.25	3	H0004	HP			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$30.66	3
MHRH	X0124	ADULT MENTAL HEALTH BY A PSYCHOLOGIST, GROUP: MINIMUM 40-50 MINUTES, PER CLIENT, PER VISIT	\$37.80	3	H0004	HP	HQ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$12.59	3
MHRH	X0125	ADULT MENTAL HEALTH BY A SOCIAL WORKER, ASSESSMENT: MINIMUM 90 MINUTES	\$132.85	3	H0031	AJ			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN 90 MINUTES	\$132.85	1
MHRH	X0126	ADULT MENTAL HEALTH BY A SOCIAL WORKER, INDIVIDUAL: MINIMUM 40-50 MINUTES	\$69.50	3	H0004	AJ			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$23.16	3
MHRH	X0127	ADULT MENTAL HEALTH BY A SOCIAL WORKER, INDIVIDUAL: MINIMUM 25-30 MINUTES	\$41.90	3	H0004	AJ			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$23.16	3
MHRH	X0128	ADULT MENTAL HEALTH BY A SOCIAL WORKER, GROUP: MINIMUM 40-50 MINUTES, PER CLIENT, PER VISIT	\$28.60	3	H0004	AJ	HQ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$9.53	3
MHRH	X0129	ADULT MENTAL HEALTH BY MARRIAGE AND FAMILY THERAPIST - ASSESSMENT, MINIMUM 90 MINUTES	\$132.85	3	H0031	HO			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN 90 MINUTES	\$132.85	1
MHRH	X0130	ADULT MENTAL HEALTH BY MARRIAGE & FAMILY THERAPIST - INDIVIDUAL, MINIMUM 40-50 MINUTES	\$69.50	3	H0004	HO			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$23.16	3
MHRH	X0131	ADULT MENTAL HEALTH BY MARRIAGE & FAMILY THERAPIST - INDIVIDUAL - MINIMUM 25-30 MINUTES	\$41.90	3	H0004	HO			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$23.16	3
MHRH	X0132	ADULT MENTAL HEALTH BY MARRIAGE & FAMILY THERAPIST - GROUP, MINIMUM 40-50 MINUTES, PER CLIENT, PER VISIT	\$28.60	3	H0004	HO	HQ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$9.53	3

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MHRH	X0141	ADULT MENTAL HEALTH,CHEMICAL DEPENDENCY, ASSESSMENT(MIN 1 1/2 HR)	\$108.35	1	H0001	HF			ALCOHOL AND/OR DRUG ASSESSMENT	\$108.35	1
MHRH	X0142	ADULT MENTAL HEALTH,CHEMICAL DEPENDENCY,IND (MIN 40-50 VISIT)	\$53.15	31	H0004	HF			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$17.71	3
MHRH	X0143	ADULT MENTAL HEALTH,CHEMICAL DEPENDENCY, IND (MIN 25-30 MINUTE VISIT)	\$33.75	31	H0004	HF			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$17.71	3
MHRH	X0144	ADULT MENTAL HEALTH,CHEMICAL DEPENDENCY, GROUP MIN(40-50 MINUTE VISIT)	\$19.40	31	H0004	HF	HQ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$6.46	3
MHRH	X0160	SPECIALIZED MENTAL HEALTH CONSULTATION TO NURSING FACILITIES-PHYSICIAN-30 MINUTE UNIT	\$124.70	8	H0046				MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED 15 MINUTES	\$62.35	16
MHRH	X0161	SPECIALIZED MENTAL HEALTH CONSULTATION TO NURSING FACILITIES-PSYCHOLOGIST-30 MINUTE	\$113.45	8					To Be Eliminated		
MHRH	X0162	SPECIALIZED MENTAL HEALTH CONSULTATION TO NURSING FACILITIES-RN-30 MINUTE UNIT	\$62.35	8	H0046	TD			MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED 15 MINUTES	\$31.17	16
MHRH	X0163	SPECIALIZED MENTAL HEALTH CONSULTATION TO NURSING FACILITIES-LISW-30 MINUTE UNIT	\$69.50	8	H0046	AJ			MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED 15 MINUTES	\$34.75	16
MHRH	X0164	SPECIALIZED MENTAL HEALTH CONSULTATION TO NURSING FACILITIES-MFT-30 MINUTE UNIT	\$69.50	8					To Be Eliminated		
MHRH	X0165	SPECIALIZED MENTAL HEALTH CONSULTATION IN NURSING FACILITIES-MH COUNSELOR-30 MINUTE UNIT	\$69.50	8					To Be Eliminated		
DCYF	X0281	SEXUAL ABUSE EVALUATION	\$70.00	14	H0031*	HO or HP			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$70.00	2
DCYF	X0282	SEXUAL ABUSE INDIVIDUAL AND FAMILY TREATMENT UNIT (50 MIN. SESSION)	\$70.00	3	H0004*	HR	HO or HP		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$17.50	8
DCYF	X0283	SEXUAL ABUSE INDIVIDUAL AND FAMILY TREATMENT UNIT (30 MIN. SESSION)	\$35.00	3					To Be Eliminated		

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DCYF	X0284	SEXUAL ABUSE GROUP TREATMENT UNIT (50 MIN. SESSION)	\$35.00	3	H0004*	HQ	HO or HP		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$11.66	8
DCYF	X0285	SEXUAL ABUSE GROUP TREATMENT UNIT (90 MIN. SESSION)	\$70.00	3					To Be Eliminated		
MHRH	X0344	MEDICATION GROUP W/PHYSICIAN - MINIMUM 90 MINUTES, MAXIMUM 8 CLIENTS, PER CLIENT, PER VISIT	\$58.25	1	H2010	HQ			COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$9.70	6
MHRH	X0345	MEDICATION GROUP W/RN, MINIMUM 90 MINUTES, MAXIMUM 8 CLIENTS	\$25.55	1	H2010	TD	HQ		COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$4.25	6
MHRH	X0416	ASSESSMENT (MINIMUM 1 1/2 HRS.) BY RN - CNS	\$207.45	1	H0031	TD	TF		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN 90 MINUTES	\$207.45	1
MHRH	X0417	INDIVIDUAL (MINIMUM 40-50 MINUTES) VISIT BY A RN-CNS	\$103.20	1	H0004	TD	TF		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$33.66	3
MHRH	X0418	INDIVIDUAL (MINIMUM 15-20 MINUTE) VISIT BY A RN-CNS	\$39.85	1	H0004	TD	TF		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$33.66	3
MHRH	X0419	GROUP (MINIMUM 40-50 MINUTE) VISIT BY RN-CNS	\$40.90	1	H0004	TD	TF	HQ	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$13.63	3
MHRH	X0421	MEDICATION GROUP (MINIMUM 90 MINUTE) VISIT, MAX 8 CLIENTS RN-CNS	\$40.90	1	H2010	TD	TF	HQ	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$6.81	6
DCYF	X0500	DCYF-FAMILY THERAPY W/O CHILD BY MASTER'S LEVEL LICENSED CLINICIANS INCLUDING REPORTS, 45-60 MINUTES	\$75.00	6	H0004	HS	HO		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$18.75	8
DCYF	X0501	DCYF - CHILD PSYCHIATRIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT 60-90 MINUTES	\$150.00	1	90801				PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	\$150.00	1
DCYF	X0502	DCYF - CHILD PSYCHIATRIST INDIVIDUAL THERAPY INCLUDING REPORT 45-60 MINUTES	\$95.00	6	90806				PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH THE PATIAENT	\$95.00	2
DCYF	X0503	DCYF- CHILD PSYCHIATRIST INDIVIDUAL THERAPY WITH MEDICATION MANAGEMENT 20-30 MINUTES	\$60.00	6	H2010				COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$30.00	2
DCYF	X0504	DCYF FAMILY THERAPY W/O CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS 45-60 MINUTES	\$90.00	6	90846	HP			FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$90.00	2

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DCYF	X0505	DCYF - CHILD PSYCHOLOGIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT 60-90 MINUTES	\$125.00	1	90801	HP			PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	\$125.00	1
DCYF	X0506	DCYF - CHILD PSYCHOLOGIST - INDIVIDUAL THERAPY WITH REPORT 45-60 MINUTES	\$80.00	13	90806	HP			PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH THE PATIAENT	\$80.00	2
DCYF	X0507	DCYF - CHILD PSYCHOLOGIST - INDIVIDUAL THERAPY WITH REPORT 20-30 MINUTES	\$60.00	6					To Be Eliminated		
DCYF	X0508	DCYF - CHILD PSYCHOLOGIST - GROUP THERAPY WITH REPORT 60-90 MINUTES	\$35.00	13	H0004	HQ	HP		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$5.83	8
DCYF	X0509	DCYF-CHILD MENTAL HEALTH SW, NP,MFT,LICENSED MENTAL HEALTH COUNSELOR INITIAL DIAGNOSTIC INTERVIEW W/RPT 60-90	\$100.00	1	H0031	HO or TD or AJ			MENTAL HEALTH ASSESSMENT, BY NON PHYSICIAN	\$100.00	2
DCYF	X0510	DCYF-CHILD MENTAL HEALTH SW, NP,MFT,LICENSED MENTAL HEALTH COUNSELOR INDIVIDUAL THERAPY W/RPTS 45-60 MIN	\$65.00	13	H0004	HO or TD or AJ			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$16.25	8
DCYF	X0511	DCYF - NURSE PRACTITIONER INDIVIDUAL THERAPY WITH MEDICATION MANAGEMENT 20-30 MINUTES	\$35.00	6	H2010	TD			COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$17.50	2
DCYF	X0512	DCYF- CHILD MENTAL HEALTH SW,NP, MFT,LICENSED MENTAL HEALTH COUNSELOR, GROUP THERAPY WITH REPORTS 60-90 MINUTS	\$30.00	13	H0004	HQ	HO or TD or AJ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$5.00	8
DCYF	X0513	DIAGNOSTIC ASSESSMENT SERVICES - DCYF LICENSED MASTERS MENTAL HEALTH PROFESSIONAL PER HOUR- REPORT INCLUDED	\$70.00	13	H0031	HO	H9		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$70.00	2
DCYF	X0514	DIAGNOSTIC ASSESSMENT SERVICES- DCYF- PHD PSYCHOLOGIST PER HOUR- REPORT INCLUDED	\$80.00	9	H0031	HP	H9		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$80.00	2

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DCYF	X0515	DIAGNOSTIC ASSESSMENT SERVICES-DCYF-PSYCHIATRIST PER HOUR-COURT ORDERED	\$100.00	2					To Be Eliminated		
MHRH	X0540	MENTAL HEALTH COUNSELOR - ASSESSMENT - MINIMUM 90 MINUTES	\$132.85	3	H0031	HO			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN 90 MINUTES	\$132.85	1
MHRH	X0542	MENTAL HEALTH COUNSELOR - INDIVIDUAL, MINIMUM 40-50 MINUTES	\$69.50	3	H0004	HO			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$23.16	3
MHRH	X0544	MENTAL HEALTH COUNSELOR - INDIVIDUAL - MINIMUM 25-30 MINUTES	\$41.90	3	H0004	HO			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$23.16	3
MHRH	X0546	MENTAL HEALTH COUNSELOR - GROUP - MINIMUM 40-50 MINUTES	\$28.60	3	H0004	HO	HQ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$9.53	3
MHRH	X0550	PRINCIPAL COUNSELOR - ASSESSMENT - MINIMUM 90 MINUTES	\$114.45	3	H0031	UA			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN 90 MINUTES	\$114.45	1
MHRH	X0552	PRINCIPAL COUNSELOR - INDIVIDUAL - MINIMUM 40-50 MINUTES	\$58.25	3	H0004	UA			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$19.00	3
MHRH	X0554	PRINCIPAL COUNSELOR - INDIVIDUAL - MINIMUM 25-30 MINUTES	\$36.80	3	H0004	UA			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$19.00	3
MHRH	X0556	PRINCIPAL COUNSELOR - GROUP - MINIMUM 40-50 MINUTES	\$24.55	3	H0004	UA	HQ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$8.18	3
MHRH	X0560	COUNSELOR - ASSESSMENT - MINIMUM 90 MINUTES	\$114.45	3	H0031	UA			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIANN 90	\$114.45	1
MHRH	X0562	COUNSELOR - INDIVIDUAL - MINIMUM 40-50 MINUTES	\$58.25	3	H0004	UA			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$19.00	3
MHRH	X0564	COUNSELOR - INDIVIDUAL - MINIMUM 25-30 MINUTES	\$36.80	3	H0004	UA			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$19.00	3
MHRH	X0566	COUNSELOR - GROUP - MINIMUM 40-50 MINUTES	\$24.55	3	H0004	UA	HQ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$8.18	3
DCYF	X0597	DCYF-FAMILY THERAPY WITH CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS 45-60 MINUTES	\$90.00	13	90847	HP			FAMILY PSYCHOTHERAPY (WITH THE PATIENT PRESENT)	\$90.00	2
DCYF	X0598	DCYF- FAMILY THERAPIST WITH CHILD BY MASTER'S LEVEL LICENSED CLINICIAN INCLUDING REPORTS 45-60 MINUTES	\$75.00	13	H0004	HR	HO		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$18.75	8

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DCYF	X0599	DCYF-CHILD MENTAL HEALTH COUNSELOR/MARRIAGE AND FAMILY THERAPIST - INDIVIDUAL, MINIMUM 15-20 MINUTE VISIT	\$22.00	3					To Be Eliminated		

*Must Use Diagnosis Code of 995.53 with these claims.

Modifiers	Modifier Description
AH	Clinical Psychologists
AJ	Clinical Social Worker
HF	Substance Abuse Program
HO	Master's Level
HP	Doctoral Level
HQ	Group
HR	Family/Couple with Client Present
HS	Family/Couple without Client Present
H9	Court Ordered
TD	Registered Nurse
TF	Intermediate Level of Care
U1	Medicaid Level of Care 1 State Defined
UA	Medicaid Level of Care 10 State Defined